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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 0474 Arlee Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Operated Social Security # Percentage # Per Mile Capacity Inspection 67 JT&8 1 47.2 1.80 82 08/30/04 30 JT&8 11-A 22 0.95 26 08/11/04 JT&8 2 36.4 78 08/30/04 67 1.57 3 JT&8 26.8 1.80 08/30/04 67 84 67 JT&8 4 53 1.80 84 08/30/04 67 JT&8 4B 39 1.80 84 08/30/04 5 67 JT&8 48.2 1.80 84 08/30/04 67 JT&8 6 32.8 1.80 84 08/30/04

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					•	Second Semeste o County Superin o State Superinte	ntendent	
COMPL	ETE THI	IS CLAIM FO	R STA	ATE REIMI	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION	•
This clain	n is for the	period beginning	;		,	20 and o	ending		. 20
				month	day		n	onth d	ay
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District L	evel:
24 Lake			0475	Arlee H	S			High S	School
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
33	JT&8	1		47.2	1.80	82	08/30/04		
33	JT&8	2		36.4	1.57	78	08/30/04		
33	JT&8	3		26.8	1.80	84	08/30/04		
33	JT&8	4		53	1.80	84	08/30/04		
33	JT&8	4B		39	1.80	84	08/30/04		
33	JT&8	5		48.2	1.80	84	08/30/04		
33	IT&8	6		32.8	1.80	84	08/30/04		

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester May 10 to County Superintendent

First Semester February 1 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0477 Polson Elem **Elementary** 24 Lake Miles District Route Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # Per Day Per Mile Inspection 60 23 1 54.3 1.80 84 08/24/04 60 23 10 154.2 1.80 80 08/24/04 23 82 89 08/24/04 60 11 1.80 23 12 73.5 1.80 08/24/04 60 84 100 23 13 52.2 0.95 45 08/24/04 60 23 14 27.7 1.80 89 08/24/04 60 23 14A 54.8 1.80 89 08/24/04 23 15 14.3 1.80 08/24/04 60 88 30.4 60 23 15A 1.80 80 08/24/04 22 100 23 16 35.4 0.95 08/24/04 60 23 2 109.6 0.95 30 08/24/04 3 60 23 64.6 1.80 84 08/24/04 60 23 4 61 84 08/24/04 1.80 23 5 1.80 89 08/24/04 60 61 23 6 81.6 80 08/24/04 60 1.80 60 23 8 50.1 1.57 75 08/24/04

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

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Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0478 Polson H S **High School** 24 Lake Miles District Route Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # Per Day Per Mile Inspection 40 23 1 54.3 1.80 84 08/24/04 40 23 10 154.2 1.80 80 08/24/04 23 82 89 08/24/04 40 11 1.80 23 12 73.5 1.80 08/24/04 40 84 40 23 14 27.7 1.80 89 08/24/04 40 23 14A 54.8 1.80 89 08/24/04 40 23 15 14.3 1.80 88 08/24/04 40 23 2 109.6 0.95 08/24/04 30 3 64.6 23 84 08/24/04 40 1.80 4 40 23 61 1.80 84 08/24/04 40 23 5 61 1.80 89 08/24/04 40 23 6 81.6 1.80 80 08/24/04 40 23 8 50.1 75 08/24/04 1.57

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
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DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 0481 St Ignatius K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 100 28 1 68 1.57 72 08/23/04 100 28 10 28.3 1.57 72 08/23/04 100 2 55.6 71 08/23/04 28 1.57 3 100 48.8 1.57 72 28 08/23/04 100 28 4 4 0.95 24 08/23/04 100 28 5 70.4 1.57 71 08/23/04 100 28 6 18.6 1.80 84 08/23/04 100 7 44.2 1.80 84 08/23/04 28 100 8 78.5 28 1.57 72 08/23/04 100 9 84 28 36 1.80 08/23/04

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester

Second Semester

February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 1199 Ronan Elem 24 Lake **Elementary** Miles District Route Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # Per Day Per Mile Inspection 75 30 1 50 1.80 82 08/25/04 75 30 10 52 1.80 84 08/25/04 75 30 19.6 72 08/25/04 11 1.57 75 30 12 52 1.57 72 08/25/04 75 30 13 18 1.80 84 08/25/04 75 30 14 32 1.57 72 08/25/04 75 30 15 25.6 1.57 72 08/25/04 75 30 136 0.95 19 08/25/04 16 72 100 30 17 19.8 1.57 08/25/04 72 100 30 18 14 1.57 08/25/04 100 30 19 15.6 1.57 72 08/25/04 2 75 75.4 30 1.80 84 08/25/04 75 30 20 25 72 08/25/04 1.57 75 30 3 52 1.80 84 08/25/04 75 5 82

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

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First Semester February 15 to State Superintendent **Second Semester**

February 1 to County Superintendent May 10 to County Superintendent S: May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 1200 Ronan H S **High School** 24 Lake District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # Per Day Per Mile Inspection 25 30 1 50 1.80 82 08/25/04 25 30 10 52 1.80 84 08/25/04 25 30 19.6 72 08/25/04 11 1.57 25 30 12 52 1.57 72 08/25/04 25 30 13 18 1.80 84 08/25/04 25 30 14 32 1.57 72 08/25/04 25 30 15 25.6 1.57 72 08/25/04

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08/25/04

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08/21/04

PI

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State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 1205 Charlo Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 50 **7**J 1 53 1.36 66 08/20/04 2 50 7J 53.4 1.57 72 08/20/04 50 **7**J 4 43.8 08/20/04 1.36 65 5 50 **7**J 81 54 09/12/04 1.15 **7**J 50 6 81.4 1.36 66 08/20/04 100 **7**J kindergarten 40.5 1.57 72 08/20/04

PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

	Helena, MT 59620-2501								
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STATE REIM	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPORTATION:		
This clain	n is for the	period beginning	5	,	20 and en	ding	, 2	20	
			month	day		m	onth da	y	
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and accurate to tl	ne best of my kn	owledge.				
Date			Signature, Chair, Boar	rd of Trustees					
County:		District:					District Level:		
24 Lake			1206 Charlo H S				High School		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	7J	1	53	1.36	66	08/20/04			
50	7J	2	53.4	1.57	72	08/20/04			
50	7J	4	43.8	1.36	65	08/20/04			
50	7J	5	81	1.15	54	09/12/04			
50	7J	6	81.4	1.36	66	08/20/04			